[INSERT PI or ORA letterhead]

**CARRYOVER LETTER**

DATE

GMS Name

Title

Address/Email

**Grant Number**

**Grant Title**

**PI Name**

Dear Ms./Mr./Dr. \_\_\_\_\_\_\_\_\_\_\_\_:

We request carryover of our $\_\_\_\_\_\_ ($XXXX Directs and $XXXX Indirects) unobligated balance from Year –XX, which ended XX/XX/XXXX to Year –XX.

DESCRIBE THE REASON FOR THE UNOBLIGATED BALANCE AND EXPLANATION HOW YOU PLAN TO SPEND THE FUNDS. We submit the attached detailed budget, budget justification and checklist in support of our request.

Thank you for your kind consideration of this request. Please do not hesitate to contact us with additional questions or if further information is required.

Sincerely,

PI Name Authorized Official Name

PI Title Authorized Official Title

Johns Hopkins University Office of Research Administration

School of Medicine Phone/Email Phone/Email

**\*\*\*\*UPDATE THE HIGHTLIGHTED FIELDS AND DON’T FORGET TO REMOVE THE HIGHLIGHTING (AND THIS NOTE), BEFORE SENDING TO PI FOR SIGNATURE\*\*\*\***